

B1 (Official Form 1) (04/13)

| United States Bankruptcy Court Eastern District of Tennessee | | Voluntary Petition |
|---|---|---|
| Name of Debtor (if individual, enter Last, First, Middle): Mahaffey, Michael Sean | Name of Joint Debtor (Spouse) (Last, First, Middle): Mahaffey, Lori Ann | |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): | |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): xxx-xx-7703 | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): xxx-xx-9781 | |
| Street Address of Debtor (No. & Street, City, and State): 2653 Colonel Drive Kodak, TN 37764 <div style="border: 1px solid black; padding: 2px; float: right; margin-top: -20px;">ZIP CODE 37764-0000</div> | Street Address of Joint Debtor (No. & Street, City, and State): 2653 Colonel Drive Kodak, TN 37764 <div style="border: 1px solid black; padding: 2px; float: right; margin-top: -20px;">ZIP CODE 37764-0000</div> | |
| County of Residence or of the Principal Place of Business: Sevier | County of Residence or of the Principal Place of Business: Sevier | |
| Mailing Address of Debtor (if different from street address): <div style="border: 1px solid black; padding: 2px; text-align: center; margin-top: 10px;">ZIP CODE</div> | Mailing Address of Joint Debtor (if different from street address): <div style="border: 1px solid black; padding: 2px; text-align: center; margin-top: 10px;">ZIP CODE</div> | |
| Location of Principal Assets of Business Debtor (if different from street address above): | | |
| Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) | Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other | Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding |
| Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending: | Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code). | Nature of Debts (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts. |
| Filing Fee (Check one box.) <input type="checkbox"/> Full Filing Fee attached <input checked="" type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B. | | Check one box: Chapter 11 Debtors <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (<i>amount subject to adjustment on 4/01/16 and every three years thereafter</i>). ----- Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b). |
| Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. | | THIS SPACE IS FOR COURT USE ONLY |
| Estimated Number of Creditors <div style="display: flex; justify-content: space-between; font-size: small;"><div><input type="checkbox"/> 1-49</div><div><input checked="" type="checkbox"/> 50-99</div><div><input type="checkbox"/> 100-199</div><div><input type="checkbox"/> 200-999</div><div><input type="checkbox"/> 1,000-5,000</div><div><input type="checkbox"/> 5001-10,000</div><div><input type="checkbox"/> 10,001-25,000</div><div><input type="checkbox"/> 25,001-50,000</div><div><input type="checkbox"/> 50,001-100,000</div><div><input type="checkbox"/> OVER 100,000</div></div> | | |
| Estimated Assets <div style="display: flex; justify-content: space-between; font-size: small;"><div><input type="checkbox"/> \$0 to \$50,000</div><div><input type="checkbox"/> \$50,001 to \$100,000</div><div><input checked="" type="checkbox"/> \$100,001 to \$500,000</div><div><input type="checkbox"/> \$500,001 to \$1 million</div><div><input type="checkbox"/> \$1,000,001 to \$10 million</div><div><input type="checkbox"/> \$10,000,001 to \$50 million</div><div><input type="checkbox"/> \$50,000,001 to \$100 million</div><div><input type="checkbox"/> \$100,000,001 to \$500 million</div><div><input type="checkbox"/> \$500,000,001 to \$1 billion</div><div><input type="checkbox"/> More than \$1 billion</div></div> | | |
| Estimated Liabilities <div style="display: flex; justify-content: space-between; font-size: small;"><div><input type="checkbox"/> \$0 to \$50,000</div><div><input type="checkbox"/> \$50,001 to \$100,000</div><div><input checked="" type="checkbox"/> \$100,001 to \$500,000</div><div><input type="checkbox"/> \$500,001 to \$1 million</div><div><input type="checkbox"/> \$1,000,001 to \$10 million</div><div><input type="checkbox"/> \$10,000,001 to \$50 million</div><div><input type="checkbox"/> \$50,000,001 to \$100 million</div><div><input type="checkbox"/> \$100,000,001 to \$500 million</div><div><input type="checkbox"/> \$500,000,001 to \$1 billion</div><div><input type="checkbox"/> More than \$1 billion</div></div> | | |

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|---|--|---|-------------------------------|
| Voluntary Petition <i>(This page must be completed and filed in every case)</i> | | Name of Debtor(s): Michael Sean Mahaffey Lori Ann Mahaffey | |
| All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.) | | | |
| Location Where Filed: Eastern District of TN (Knoxville TN) | | Case Number: 11-31751 (Chpt. 13) | Date Filed: 4/11/11 |
| Location Where Filed: Eastern District of TN (Knoxville TN) | | Case Number: 09-34514 (Chpt. 13) | Date Filed: 8/20/09 |
| Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet.) | | | |
| Name of Debtor: - None - | | Case Number: | Date Filed: |
| District: | | Relationship: | Judge: |
| Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition. | | Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. § 342(b). /s/ Richard M. Mayer X /s/ John P. Newton 10/28/2015 Signature of Attorney for Debtor(s) Date | |
| Exhibit C | | | |
| Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No | | | |
| Exhibit D | | | |
| (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. | | | |
| Information Regarding the Debtor - Venue (Check any applicable box.) | | | |
| <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. | | | |
| Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) | | | |
| <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) _____ (Name of landlord that obtained judgment) _____ (Address of landlord) | | | |
| <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and | | | |
| <input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. | | | |
| <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)). | | | |

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|--|--|
| <p>Voluntary Petition (This page must be completed and filed in every case)</p> | <p>Name of Debtor(s): Michael Sean Mahaffey Lori Ann Mahaffey</p> |
| Signatures | |
| <p>Signature(s) of Debtor(s) (Individual/Joint)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.</p> <p>[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X <u>/s/ Michael Sean Mahaffey</u> Signature of Debtor Michael Sean Mahaffey</p> <p>X <u>/s/ Lori Ann Mahaffey</u> Signature of Joint Debtor Lori Ann Mahaffey</p> <p>_____ Telephone Number (If not represented by attorney) 10/28/2015</p> <p>_____ Date</p> | <p>Signature of a Foreign Representative</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.</p> <p><input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p>X _____ (Signature of Foreign Representative)</p> <p>_____ (Printed Name of Foreign Representative)</p> <p>_____ Date</p> |
| <p>Signature of Attorney*</p> <p>/s/ Richard M. Mayer</p> <p>X /s/ John P. Newton</p> <p>_____ Signature of Attorney for Debtor(s) Richard M. Mayer / John P. Newton 5534 / 10817</p> <p>_____ Printed Name of Attorney for Debtor(s) Law Offices of Mayer & Newton</p> <p>_____ Firm Name 1111 Northshore Drive S-570 Knoxville, TN 37919</p> <p>_____ Address Email:mayerandnewton@mayerandnewton.com (865) 588-5111 Fax:(865) 588-6143</p> <p>_____ Telephone Number 10/28/2015</p> <p>_____ Date</p> <p><small>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</small></p> | <p>Signature of Non-Attorney Bankruptcy Petition Preparer</p> <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official form 19 is attached.</p> <p>_____ Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____ Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)</p> <p>_____ Address</p> <p>X _____ Date</p> <p>Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose social security number is provided above.</p> <p>Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><small>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.</small></p> |
| <p>Signature of Debtor (Corporation/Partnership)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X _____ Signature of Authorized Individual</p> <p>_____ Printed Name of Authorized Individual</p> <p>_____ Title of Authorized Individual</p> <p>_____ Date</p> | |

B 1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court
Eastern District of Tennessee

In re **Michael Sean Mahaffey**
Lori Ann Mahaffey

Debtor(s)

Case No.
Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Michael Sean Mahaffey
Michael Sean Mahaffey

Date: 10/28/2015

Certificate Number: 03621-TNE-CC-026441443



03621-TNE-CC-026441443

CERTIFICATE OF COUNSELING

I CERTIFY that on October 28, 2015, at 6:48 o'clock PM EDT, Michael Mahaffey received from Credit Card Management Services, Inc. d/b/a Debthelper.com, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Eastern District of Tennessee, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: October 28, 2015 By: /s/Kate Casique

Name: Kate Casique

Title: Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

B 1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court
Eastern District of Tennessee

In re **Michael Sean Mahaffey**
Lori Ann Mahaffey

Debtor(s)

Case No.
Chapter

7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Lori Ann Mahaffey
Lori Ann Mahaffey

Date: 10/28/2015

Certificate Number: 03621-TXE-CC-026441449



03621-TXE-CC-026441449

CERTIFICATE OF COUNSELING

I CERTIFY that on October 28, 2015, at 6:53 o'clock PM EDT, Lori Mahaffey received from Credit Card Management Services, Inc. d/b/a Debthelper.com, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Eastern District of Texas, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: October 28, 2015 By: /s/Kate Casique

Name: Kate Casique

Title: Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

**United States Bankruptcy Court
Eastern District of Tennessee**

In re **Michael Sean Mahaffey
Lori Ann Mahaffey**

Debtor(s)

Case No.

Chapter

7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT | SOURCE |
|--------------------|--|
| \$30,210.00 | 2015-Estimated Earnings to Present (Hus.) |
| \$49,454.00 | 2014-Earnings (Hus.) |
| \$35,664.00 | 2013-Earnings (Hus.) |
| \$652.00 | 2014-Earnings (Wife) |

B7 (Official Form 7) (04/13)

2

2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

3. Payments to creditors

None ☐ **Complete a. or b., as appropriate, and c.**

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS
OF CREDITOR
Santander Consumer USA Inc.
ATTN: Bankruptcy Dept
P.O. Box 560284
Dallas, TX 75356-0284

DATES OF
PAYMENTS
Regular on-going monthly
payments in the amount of
\$361.35 per mo.

AMOUNT PAID
\$0.00

AMOUNT STILL
OWING
\$31,317.00

None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATES OF PAYMENTS/ TRANSFERS | AMOUNT PAID OR VALUE OF TRANSFERS | AMOUNT STILL OWING |
|------------------------------|------------------------------------|--|-----------------------|
|------------------------------|------------------------------------|--|-----------------------|

None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR | DATE OF PAYMENT | AMOUNT PAID | AMOUNT STILL OWING |
|--|-----------------|-------------|-----------------------|
|--|-----------------|-------------|-----------------------|

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☒ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| CAPTION OF SUIT AND CASE NUMBER | NATURE OF PROCEEDING | COURT OR AGENCY AND LOCATION | STATUS OR DISPOSITION |
|------------------------------------|-------------------------|---------------------------------|--------------------------|
|------------------------------------|-------------------------|---------------------------------|--------------------------|

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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| | | |
|---|-----------------|--------------------------------------|
| NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED | DATE OF SEIZURE | DESCRIPTION AND VALUE OF PROPERTY |
|---|-----------------|--------------------------------------|

5. Repossessions, foreclosures and returns

None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| | | |
|---|--|--------------------------------------|
| NAME AND ADDRESS OF CREDITOR OR SELLER | DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN | DESCRIPTION AND VALUE OF PROPERTY |
|---|--|--------------------------------------|

6. Assignments and receiverships

None ☐ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| | | |
|------------------------------|-----------------------|-----------------------------------|
| NAME AND ADDRESS OF ASSIGNEE | DATE OF ASSIGNMENT | TERMS OF ASSIGNMENT OR SETTLEMENT |
|------------------------------|-----------------------|-----------------------------------|

None ☐ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| | | | |
|----------------------------------|--|------------------|--------------------------------------|
| NAME AND ADDRESS OF CUSTODIAN | NAME AND LOCATION OF COURT CASE TITLE & NUMBER | DATE OF ORDER | DESCRIPTION AND VALUE OF PROPERTY |
|----------------------------------|--|------------------|--------------------------------------|

7. Gifts

None ☐ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| | | | |
|---|-----------------------------------|--------------|----------------------------------|
| NAME AND ADDRESS OF PERSON OR ORGANIZATION | RELATIONSHIP TO DEBTOR, IF ANY | DATE OF GIFT | DESCRIPTION AND VALUE OF GIFT |
|---|-----------------------------------|--------------|----------------------------------|

8. Losses

None ☐ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| | | |
|--------------------------------------|--|--------------|
| DESCRIPTION AND VALUE OF PROPERTY | DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS | DATE OF LOSS |
|--------------------------------------|--|--------------|

9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

| | | |
|------------------------------|---|--|
| NAME AND ADDRESS OF PAYEE | DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY |
|------------------------------|---|--|

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| NAME AND ADDRESS OF PAYEE | DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY |
|---|---|--|
| Law Offices of Mayer & Newton 1111 Northshore Drive S-570 Knoxville, TN 37919 | Attorney fees paid as set forth in the Attorney Disclosure Statement | |
| Credit Card Management Services, Inc. dba DebtHelper P.O. Box 220597 West Palm Beach, FL 33422 | 10/2015 | 25.00 |

10. Other transfers

- None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR | DATE | DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED |
|--|------|---|
| None <input type="checkbox"/> b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary. | | |

| NAME OF TRUST OR OTHER DEVICE | DATE(S) OF TRANSFER(S) | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY |
|----------------------------------|---------------------------|---|
|----------------------------------|---------------------------|---|

11. Closed financial accounts

- None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF INSTITUTION | TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE | AMOUNT AND DATE OF SALE OR CLOSING |
|---------------------------------|--|---------------------------------------|
|---------------------------------|--|---------------------------------------|

12. Safe deposit boxes

- None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY | NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY | DESCRIPTION OF CONTENTS | DATE OF TRANSFER OR SURRENDER, IF ANY |
|---|---|----------------------------|--|
|---|---|----------------------------|--|

13. Setoffs

- None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATE OF SETOFF | AMOUNT OF SETOFF |
|------------------------------|----------------|------------------|
|------------------------------|----------------|------------------|

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14. Property held for another person

None ☐ List all property owned by another person that the debtor holds or controls.

| NAME AND ADDRESS OF OWNER | DESCRIPTION AND VALUE OF PROPERTY | LOCATION OF PROPERTY |
|---------------------------|-----------------------------------|----------------------|
|---------------------------|-----------------------------------|----------------------|

15. Prior address of debtor

None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

| ADDRESS | NAME USED | DATES OF OCCUPANCY |
|---------|-----------|--------------------|
|---------|-----------|--------------------|

16. Spouses and Former Spouses

None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

| SITE NAME AND ADDRESS | NAME AND ADDRESS OF GOVERNMENTAL UNIT | DATE OF NOTICE | ENVIRONMENTAL LAW |
|-----------------------|---------------------------------------|----------------|-------------------|
|-----------------------|---------------------------------------|----------------|-------------------|

None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

| SITE NAME AND ADDRESS | NAME AND ADDRESS OF GOVERNMENTAL UNIT | DATE OF NOTICE | ENVIRONMENTAL LAW |
|-----------------------|---------------------------------------|----------------|-------------------|
|-----------------------|---------------------------------------|----------------|-------------------|

None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

| NAME AND ADDRESS OF GOVERNMENTAL UNIT | DOCKET NUMBER | STATUS OR DISPOSITION |
|---------------------------------------|---------------|-----------------------|
|---------------------------------------|---------------|-----------------------|

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18 . Nature, location and name of business

None

- ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

| NAME | LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN | ADDRESS | NATURE OF BUSINESS | BEGINNING AND ENDING DATES |
|------|--|---------|--------------------|-------------------------------|
|------|--|---------|--------------------|-------------------------------|

None

- ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

| NAME | ADDRESS |
|------|---------|
|------|---------|

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

19. Books, records and financial statements

None

- ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

| NAME AND ADDRESS | DATES SERVICES RENDERED |
|------------------|-------------------------|
|------------------|-------------------------|

None

- ☐ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

| NAME | ADDRESS | DATES SERVICES RENDERED |
|------|---------|-------------------------|
|------|---------|-------------------------|

None

- ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

| NAME | ADDRESS |
|------|---------|
|------|---------|

None

- ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

| NAME AND ADDRESS | DATE ISSUED |
|------------------|-------------|
|------------------|-------------|

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20. Inventories

- None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

| DATE OF INVENTORY | INVENTORY SUPERVISOR | DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis) |
|-------------------|----------------------|---|
|-------------------|----------------------|---|

- None ☐ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

| DATE OF INVENTORY | NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS |
|-------------------|---|
|-------------------|---|

21. Current Partners, Officers, Directors and Shareholders

- None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

| NAME AND ADDRESS | NATURE OF INTEREST | PERCENTAGE OF INTEREST |
|------------------|--------------------|------------------------|
|------------------|--------------------|------------------------|

- None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

| NAME AND ADDRESS | TITLE | NATURE AND PERCENTAGE OF STOCK OWNERSHIP |
|------------------|-------|---|
|------------------|-------|---|

22. Former partners, officers, directors and shareholders

- None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

| NAME | ADDRESS | DATE OF WITHDRAWAL |
|------|---------|--------------------|
|------|---------|--------------------|

- None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

| NAME AND ADDRESS | TITLE | DATE OF TERMINATION |
|------------------|-------|---------------------|
|------------------|-------|---------------------|

23. Withdrawals from a partnership or distributions by a corporation

- None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

| NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR | DATE AND PURPOSE OF WITHDRAWAL | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY |
|---|-----------------------------------|--|
|---|-----------------------------------|--|

24. Tax Consolidation Group.

- None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

| NAME OF PARENT CORPORATION | TAXPAYER IDENTIFICATION NUMBER (EIN) |
|----------------------------|--------------------------------------|
|----------------------------|--------------------------------------|

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25. Pension Funds.

None If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an
 ■ employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

* * * * *

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DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 10/28/2015

Signature /s/ Michael Sean Mahaffey
Michael Sean Mahaffey
Debtor

Date 10/28/2015

Signature /s/ Lori Ann Mahaffey
Lori Ann Mahaffey
Joint Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

United States Bankruptcy Court
Eastern District of Tennessee

In re **Michael Sean Mahaffey,**
Lori Ann Mahaffey

Debtors

Case No. _____

Chapter 7

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NO. OF SHEETS | ASSETS | LIABILITIES | OTHER |
|--|----------------------|------------------|-------------------|-------------------|-----------------|
| A - Real Property | Yes | 1 | 70,000.00 | | |
| B - Personal Property | Yes | 4 | 30,895.00 | | |
| C - Property Claimed as Exempt | Yes | 1 | | | |
| D - Creditors Holding Secured Claims | Yes | 2 | | 131,917.00 | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 1 | | 0.00 | |
| F - Creditors Holding Unsecured Nonpriority Claims | Yes | 38 | | 270,872.00 | |
| G - Executory Contracts and Unexpired Leases | Yes | 1 | | | |
| H - Codebtors | Yes | 1 | | | |
| I - Current Income of Individual Debtor(s) | Yes | 2 | | | 3,336.00 |
| J - Current Expenditures of Individual Debtor(s) | Yes | 2 | | | 3,315.00 |
| Total Number of Sheets of ALL Schedules | | 53 | | | |
| Total Assets | | | 100,895.00 | | |
| Total Liabilities | | | | 402,789.00 | |

United States Bankruptcy Court
Eastern District of Tennessee

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Debtors

Case No. _____

Chapter 7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount |
|---|------------------|
| Domestic Support Obligations (from Schedule E) | 0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | 0.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00 |
| Student Loan Obligations (from Schedule F) | 44,517.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | 0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | 0.00 |
| TOTAL | 44,517.00 |

State the following:

| | |
|---|-----------------|
| Average Income (from Schedule I, Line 12) | 3,336.00 |
| Average Expenses (from Schedule J, Line 22) | 3,315.00 |
| Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14) | 3,820.00 |

State the following:

| | | |
|--|-------------|-------------------|
| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | 41,817.00 |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column | 0.00 | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | 0.00 |
| 4. Total from Schedule F | | 270,872.00 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | 312,689.00 |

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| Description and Location of Property | Nature of Debtor's Interest in Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption | Amount of Secured Claim |
|---|---|------------------------------------|--|-------------------------|
| House and lot located at 2653 Colonel Drive, Kodak TN | Joint Owner | J | 70,000.00 | 100,000.00 |

Sub-Total > **70,000.00** (Total of this page)

Total > **70,000.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

| Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|--|--|--------------------------------------|---|---|
| 1. Cash on hand | X | | | |
| 2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | BB & T/Checking Act. | | J | 65.00 |
| 3. Security deposits with public utilities, telephone companies, landlords, and others. | KUB/Deposit | | J | 100.00 |
| 4. Household goods and furnishings, including audio, video, and computer equipment. | HH Goods, Furniture | | J | 100.00 |
| | LR Suit, DR Suit, 3 BR Suits, 3 TVs, 2 Stereo/CD Players, Computer, 3 DVD Players, Washer/Dryer, Refrigerator, Stove, Microwave | | J | 2,000.00 |
| 5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | X | | | |
| 6. Wearing apparel. | Clothing | | J | 400.00 |
| 7. Furs and jewelry. | X | | | |
| 8. Firearms and sports, photographic, and other hobby equipment. | Above Ground Pool | | J | 100.00 |
| 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | X | | | |
| 10. Annuities. Itemize and name each issuer. | X | | | |

Sub-Total > **2,765.00**
(Total of this page)

3 continuation sheets attached to the Schedule of Personal Property

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|---|------------------|--------------------------------------|---|---|
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X | | | |
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | X | | | |
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize. | X | | | |
| 14. Interests in partnerships or joint ventures. Itemize. | X | | | |
| 15. Government and corporate bonds and other negotiable and nonnegotiable instruments. | X | | | |
| 16. Accounts receivable. | X | | | |
| 17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars. | X | | | |
| 18. Other liquidated debts owed to debtor including tax refunds. Give particulars. | X | | | |
| 19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. | X | | | |
| 20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | X | | | |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | X | | | |

Sub-Total > **0.00**
(Total of this page)

Sheet 1 of 3 continuation sheets attached
to the Schedule of Personal Property

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|---|------------------|--|---|---|
| 22. Patents, copyrights, and other intellectual property. Give particulars. | X | | | |
| 23. Licenses, franchises, and other general intangibles. Give particulars. | X | | | |
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X | | | |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories. | | 2006 Chevy Equinox | J | 8,000.00 |
| | | 2013 Ford Escape (71,846 miles) *VIN-1FMCU0GX9DUD25163* | H | 20,000.00 |
| 26. Boats, motors, and accessories. | X | | | |
| 27. Aircraft and accessories. | X | | | |
| 28. Office equipment, furnishings, and supplies. | X | | | |
| 29. Machinery, fixtures, equipment, and supplies used in business. | X | | | |
| 30. Inventory. | X | | | |
| 31. Animals. | X | | | |
| 32. Crops - growing or harvested. Give particulars. | X | | | |
| 33. Farming equipment and implements. | | Shovels, Rakes, Mattock, Lawn Mower | J | 130.00 |
| 34. Farm supplies, chemicals, and feed. | X | | | |

Sub-Total > **28,130.00**
(Total of this page)

Sheet 2 of 3 continuation sheets attached
to the Schedule of Personal Property

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|---|------------------|--|---|---|
| 35. Other personal property of any kind not already listed. Itemize. | | The market values listed with regard to all items in Schedule B represent the debtor's opinion as to the market value. The sole opinion of the Debtor(s) was arrived without resort to the outside sources and are based upon their view of sales of used personal property in "as is" condition considering a relatively quick sale in the open market place. The "market value" is not intended to indicate original cost or replacement value as may be used for homeowners insurance or other legal purposes. | J | 0.00 |

Sheet **3** of **3** continuation sheets attached
to the Schedule of Personal Property

Sub-Total > **0.00**
(Total of this page)
Total > **30,895.00**

(Report also on Summary of Schedules)

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☐ 11 U.S.C. §522(b)(2)

☒ 11 U.S.C. §522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds
\$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter
with respect to cases commenced on or after the date of adjustment.)

| Description of Property | Specify Law Providing Each Exemption | Value of Claimed Exemption | Current Value of Property Without Deducting Exemption |
|---|---|----------------------------------|---|
| <u>Real Property</u> | | | |
| House and lot located at 2653 Colonel Drive, Kodak TN | Tenn. Code Ann. § 26-2-301 | 7,500.00 | 70,000.00 |
| <u>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</u> | | | |
| BB & T/Checking Act. | Tenn. Code Ann. § 26-2-103 | 65.00 | 65.00 |
| <u>Security Deposits with Utilities, Landlords, and Others</u> | | | |
| KUB/Deposit | Tenn. Code Ann. § 26-2-103 | 100.00 | 100.00 |
| <u>Household Goods and Furnishings</u> | | | |
| LR Suit, DR Suit, 3 BR Suits, 3 TVs, 2 Stereo/CD Players, Computer, 3 DVD Players, Washer/Dryer, Refrigerator, Stove, Microwave | Tenn. Code Ann. § 26-2-103 | 2,000.00 | 2,000.00 |
| <u>Wearing Apparel</u> | | | |
| Clothing | Tenn. Code Ann. § 26-2-104 | 400.00 | 400.00 |
| <u>Firearms and Sports, Photographic and Other Hobby Equipment</u> | | | |
| Above Ground Pool | Tenn. Code Ann. § 26-2-103 | 100.00 | 100.00 |
| <u>Automobiles, Trucks, Trailers, and Other Vehicles</u> | | | |
| 2006 Chevy Equinox | Tenn. Code Ann. § 26-2-103 | 8,000.00 | 8,000.00 |
| <u>Farming Equipment and Implements</u> | | | |
| Shovels, Rakes, Mattock, Lawn Mower | Tenn. Code Ann. § 26-2-103 | 130.00 | 130.00 |

Total: **18,295.00** **80,795.00**

0 continuation sheets attached to Schedule of Property Claimed as Exempt

B6D (Official Form 6D) (12/07)

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | H U S B A N D W I F E J O I N T C O M M U N I T Y | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|--|--------------------------------------|---|--|--|--|--------------------------------------|--|---------------------------------|
| | | | | | | | | |
| Account No. 2722 | | | 2006 | | | | | |
| Creditor #: 1 | | | First Mortgage | | | | | |
| 150 Allegheny Center Mall | | | House and lot located at 2653 Colonel | | | | | |
| Pittsburgh, PA 15212 | | J | Drive, Kodak TN | | | | | |
| | | | Value \$ 70,000.00 | | | | 80,000.00 | 10,000.00 |
| Account No. | | | | | | | | |
| BAC Home Loans Servicing, LP | | | Notice Purposes | | | | Notice Only | |
| Bankruptcy Dept. CA6-919-01-23 | | | First Franklin | | | | | |
| 400 National Way | | | | | | | | |
| Simi Valley, CA 93065 | | | Value \$ | | | | | |
| Account No. | | | | | | | | |
| Home Loan Services | | | Notice Purposes | | | | Notice Only | |
| 150 Allegheny Center Mall IDC 24-050 | | | First Franklin | | | | | |
| Pittsburgh, PA 15202 | | | | | | | | |
| | | | Value \$ | | | | | |
| Account No. | | | | | | | | |
| Valerie Ann Spicer, Esq. | | | Notice Purposes | | | | Notice Only | |
| Elizabeth Ann Cash, Esq. | | | First Franklin | | | | | |
| 208 Adams Avenue | | | | | | | | |
| Memphis, TN 38103 | | | Value \$ | | | | | |
| Subtotal | | | | | | | 80,000.00 | 10,000.00 |
| (Total of this page) | | | | | | | | |

1 continuation sheets attached

B6D (Official Form 6D) (12/07) - Cont.

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | C O D E B O R R | H W J C | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|--|--------------------------------------|------------------|--|--|--|--------------------------------------|--|---------------------------------|
| | | | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | | | | | |
| Account No. 2722 | | J | 2006 | | | | 20,000.00 | 20,000.00 |
| Creditor #: 2 First Franklin Loan Services P.O. Box 1838 Pittsburgh, PA 15230-1838 | | | Second Mortgage House and lot located at 2653 Colonel Drive, Kodak TN | | | | | |
| | | | Value \$ 70,000.00 | | | | | |
| Account No. 7703 | | J | 2006 | | | | 600.00 | 500.00 |
| Creditor #: 3 Pioneer Credit P.O. Box 5922 Sevierville, TN 37864 | | | Non-Purchase Money Security HH Goods, Furniture | | | | | |
| | | | Value \$ 100.00 | | | | | |
| Account No. | | | | | | | Notice Only | |
| Byron D. Bryant, Esq. P.O. Box 116 Corryton, TN 37721-0116 | | | Notice Purposes Pioneer Credit | | | | | |
| | | | Value \$ | | | | | |
| Account No. | | H | 2015 | | | | 31,317.00 | 11,317.00 |
| Creditor #: 4 Santander Consumer USA Inc. ATTN: Bankruptcy Dept P.O. Box 560284 Dallas, TX 75356-0284 | | | Vehicle Lien 2013 Ford Escape (71,846 miles) *VIN- 1FMCU0GX9DUD25163* | | | | | |
| | | | Value \$ 20,000.00 | | | | | |
| Account No. | | | | | | | | |
| | | | | | | | | |
| | | | Value \$ | | | | | |
| Subtotal (Total of this page) | | | | | | | 51,917.00 | 31,817.00 |
| Total (Report on Summary of Schedules) | | | | | | | 131,917.00 | 41,817.00 |

Sheet **1** of **1** continuation sheets attached to
Schedule of Creditors Holding Secured Claims

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R H U S B A N D W I F E J O I N T C O M M U N I T Y | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|---|---|--|--|--------------------------------------|--------------------|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. xxx1941 Creditor #: 1 Account Resolution Team, Inc. P.O. Box 1503 Morristown, TN 37816-1503 | J | 2015 Medical Expenses | | | | 1,598.00 |
| Account No. xxxxxxxxxxx4510 Creditor #: 2 Alcoa Billing Center 3429 Regal Dr Alcoa, TN 37701-3265 | J | 2013-2015 Medical Expenses (#067831774004510, #067898424004510) | | | | 4,079.00 |
| Account No. HRRG P.O. Box 5406 Cincinnati, OH 45273-7942 | | Notice Purposes Alcoa Billing Center | | | | Notice Only |
| Account No. SE Emergency Physicians P.O. Box 634706 Cincinnati, OH 45263-4706 | | Notice Purposes Alcoa Billing Center | | | | Notice Only |
| Subtotal (Total of this page) | | | | | | 5,677.00 |

37 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|---------------------------------|------------------------------------|--|--|--------------------------------------|--|
| | | H W J C | | | | |
| Account No. xxxxxxxxxxxxxx7928 Creditor #: 3 American Anesthesiology of TN, PC P.O. Box 535590 Atlanta, GA 30353-5590 | | J | 2013-2015 Medical Expenses (#AKX100645362) | | | 4,730.00 |
| Account No. Optima Recovery Services, LLC 6215 Kingston Pike, Ste. A P.O. Box 52968 Knoxville, TN 37950-2968 | | | Notice Purposes American Anesthesiology of TN, PC | | | Notice Only |
| Account No. xxxxxxxxxxxxxxxxxxxx4618 Creditor #: 4 Applied Bank Card P.O. Box 17120 Wilmington, DE 19884-7120 | | J | 2006 Credit Card | | | 633.00 |
| Account No. B-Line, LLC / Sherman Acquisitions, LLC Mail Stop 550 2101 Fourth Ave., Ste. 900 Seattle, WA 98121 | | | Notice Purposes Applied Bank Card | | | Notice Only |
| Account No. Frontline Asset Strategies, LLC 1935 West County Road B2, Suite 425 Roseville, MN 55113-2797 | | | Notice Purposes Applied Bank Card | | | Notice Only |
| Sheet no. <u>1</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | Subtotal (Total of this page) 5,363.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B O R R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|--------------------------------------|------------------------------------|--|--|--------------------------------------|--|
| | | H W J C | | | | |
| Account No. | | | | | | |
| Roundup Funding, LLC MS 550 P.O. Box 91121 Seattle, WA 98111-9221 | | | Notice Purposes Applied Bank Card | | | Notice Only |
| Account No. 5044 | | | 2005 Credit Card | | | 605.00 |
| Creditor #: 5 Aspire PO Box 23051 Columbus, GA 31902-3051 | J | | | | | |
| Account No. | | | Notice Purposes Aspire | | | Notice Only |
| Jefferson Capital Systems, LLC 16 McLeland Dr. Saint Cloud, MN 56303 | | | | | | |
| Account No. xxxxxxxxxxxx/xxxx4884 | | | 2012 Open Account | | | 888.00 |
| Creditor #: 6 AT & T Wireless Customer Service PO Box 68055 Anaheim, CA 92817-8055 | J | | | | | |
| Account No. | | | Notice Purposes AT & T Wireless | | | Notice Only |
| EOS CCA PO Box 556 Norwell, MA 02061-0556 | | | | | | |
| Sheet no. 2 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | Subtotal (Total of this page) 1,493.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|--------------------------------------|---|--|--|--------------------------------------|---|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. x5923 Creditor #: 7 Baker Sleep Ctr. 1388 Papermill Point Way Knoxville, TN 37909-1903 | J | 2015 Medical Expenses | | | | 663.00 |
| Account No. Optima Recovery Services, LLC 6215 Kingston Pike, Ste. A P.O. Box 52968 Knoxville, TN 37950-2968 | | Notice Purposes Baker Sleep Ctr. | | | | Notice Only |
| Account No. Revenue Recovery Corp. 7005 Middlebrook Pike P.O. Box 50250 Knoxville, TN 37950 | | Notice Purposes Baker Sleep Ctr. | | | | Notice Only |
| Account No. Creditor #: 8 Best Choice 123.com 621 Medicine Way Ukiah, CA 95482 | J | 2014 Open Account | | | | 725.00 |
| Account No. Creditor #: 9 BMG Music Service P.O. Box 91545 Indianapolis, IN 46291-0545 | J | 2005 Open Account | | | | 69.00 |
| Sheet no. <u>3</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | Subtotal (Total of this page) 1,457.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E D E B T O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|--|---|--|--|--------------------------------------|--------------------|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. | | | | | | |
| RMCB 2269 S. Saw Mill River Rd Bld. #3 Elmsford, NY 10523 | | Notice Purposes BMG Music Service | | | | Notice Only |
| Account No. 4576 | | 2005 | | | | |
| Creditor #: 10 Bradford Exchange Online 9333 N. Milwaukee Avenue Niles, IL 60714 | J | Open Account | | | | 45.00 |
| Account No. | | | | | | |
| University Fidelity, LP P.O. Box 941911 Houston, TX 77094 | | Notice Purposes Bradford Exchange Online | | | | Notice Only |
| Account No. 1314 | | 2005 | | | | |
| Creditor #: 11 Capital One Auto Finance P.O. Box 201347 Arlington, TX 76006 | J | Deficiency Balance (2004 Ford Taurus) | | | | 13,404.00 |
| Account No. | | | | | | |
| Ascension Capital Group, L.P. P.O. Box 201347 Arlington, TX 76006 | | Notice Purposes Capital One Auto Finance | | | | Notice Only |
| Sheet no. 4 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | |
| Subtotal (Total of this page) | | | | | | 13,449.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B O R R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|--------------------------------------|------------------------------------|---|--|--------------------------------------|----------------------------------|
| | | H W J C | | | | |
| Account No. | | | | | | |
| Windsor Equity P.O. Box 835487 Richardson, TX 75083 | | | Notice Purposes Capital One Auto Finance | | | Notice Only |
| Account No. xxxx/xxxx/2903 | | | 2005 | | | |
| Creditor #: 12 Capital One Bank Bankruptcy Claims Servicer PO Box 85167 Richmond, VA 23285-5167 | J | | (3) Credit Cards (#5489555122890629) | | | 2,388.00 |
| Account No. | | | | | | |
| Capital Bank P.O. Box 71083 Charlotte, NC 28272-1083 | | | Notice Purposes Capital One Bank | | | Notice Only |
| Account No. | | | | | | |
| Portfolio Recovery Associates, LLC 120 Corporate Blvd., #100 Norfolk, VA 23502 | | | Notice Purposes Capital One Bank | | | Notice Only |
| Account No. | | | | | | |
| PRA Receivables Management, LLC P.O. Box 41067 Norfolk, VA 23541 | | | Notice Purposes Capital One Bank | | | Notice Only |
| Sheet no. 5 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | Subtotal (Total of this page) |
| | | | | | | 2,388.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|--------------------------------------|---|--|--|--------------------------------------|--------------------|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. | | | | | | |
| TSYS Debt Management P.O. Box 5155 Norcross, GA 30091 | | Notice Purposes Capital One Bank | | | | Notice Only |
| Account No. 0187 | | 2006 | | | | |
| Creditor #: 13 Cash Loans 411 S. Gay Street Knoxville, TN 37902 | J | Signature Loan | | | | 458.00 |
| Account No. xxxxxx/xx7149 | | 2014 | | | | |
| Creditor #: 14 CBET Inc P.O. Box 1619 Morristown, TN 37816 | J | Medical Expenses | | | | 439.00 |
| Account No. xxxxxxxxxxxx1206 | | 2015 | | | | |
| Creditor #: 15 CBO Covenant Medical Management 1400 Centerpoint Boulevard Building A, Suite 202 Knoxville, TN 37932-2146 | J | Medical Expenses (#0001000000069725) | | | | 358.00 |
| Account No. 0262 | | 2005 | | | | |
| Creditor #: 16 Charles E. Kidd Jr. MD c/o RRC P.O. Box 50250 Knoxville, TN 37950 | J | Medical Expenses | | | | 71.00 |
| Sheet no. <u>6</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | |
| Subtotal (Total of this page) | | | | | | 1,326.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|--------------------------------------|------------------------------------|---|--|--------------------------------------|----------------------------------|
| | | H W J C | | | | |
| Account No. | | | | | | |
| Revenue Recovery Corp. 7005 Middlebrook Pike P.O. Box 50250 Knoxville, TN 37950 | | | Notice Purposes Charles E. Kidd Jr. MD | | | Notice Only |
| Account No. 1121 | | | Unknown | | | |
| Creditor #: 17 Children's Hospital P.O. Box 2528 Knoxville, TN 37901-2528 | J | | Medical Expenses | | | 1.00 |
| Account No. | | | | | | |
| Optima Recovery Services, LLC 6215 Kingston Pike, Ste. A P.O. Box 52968 Knoxville, TN 37950-2968 | | | Notice Purposes Children's Hospital | | | Notice Only |
| Account No. 9070 | | | 2005 | | | |
| Creditor #: 18 Comcast Cable P.O. Box 105184 Atlanta, GA 30348 | J | | Open Account | | | 155.00 |
| Account No. | | | | | | |
| Comcast Cablevision 5720 Asheville Highway Knoxville, TN 37924-2701 | | | Notice Purposes Comcast Cable | | | Notice Only |
| Sheet no. <u>7</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | Subtotal (Total of this page) |
| | | | | | | 156.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B O R R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|--------------------------------------|---|--|--|--------------------------------------|---|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. 2380 Creditor #: 19 Continental Finance P.O. Box 105125 Atlanta, GA 30348-5125 | J | 2014 Credit Card | | | | 416.00 |
| Account No. xxxxxxxxxxF001 Creditor #: 20 Continental Finance P.O. Box 8099 Newark, DE 19714-8099 | J | Unknown Credit Card | | | | 592.00 |
| Account No. 4661 Creditor #: 21 Credit Express 409 S. Gay St. Knoxville, TN 37902 | J | 2006 Cash Advance | | | | 509.00 |
| Account No. 1881 Creditor #: 22 Credit One Bank P.O Box 60500 City Of Industry, CA 91716-0500 | J | 2006 Credit Card | | | | 239.00 |
| Account No. LVNV Funding P.O. Box 10497 Greenville, SC 29603 | | Notice Purposes Credit One Bank | | | | Notice Only |
| Sheet no. 8 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | Subtotal (Total of this page) 1,756.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B O R R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|--------------------------------------|---|--|--|--------------------------------------|--------------------|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. | | | | | | |
| PRA Receivables Management, LLC P.O. Box 41067 Norfolk, VA 23541 | | Notice Purposes Credit One Bank | | | | Notice Only |
| Account No. | | | | | | |
| Creditor #: 23 Dan Clabo 9407 Hogskin Road Corryton, TN 37721 | J | 2005 Back Rent | | | | 1,890.00 |
| Account No. 6730 | | | | | | |
| Creditor #: 24 Diamond Resorts Financial Svs. 10600 W. Charleston Blvd. Las Vegas, NV 89135-1014 | J | Unknown Open Account | | | | 648.00 |
| Account No. xxx1904 | | | | | | |
| Creditor #: 25 Diatherix Labs. 601 Genome Way, #2100 Huntsville, AL 35806-2910 | J | 2013 Medical Expenses | | | | 300.00 |
| Account No. xxxx8746 | | | | | | |
| Creditor #: 26 Direct TV P.O. Box 78626 Phoenix, AZ 85062-8626 | J | 2015 Open Account | | | | 682.00 |
| Sheet no. <u>9</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | |
| Subtotal (Total of this page) | | | | | | 3,520.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|--------------------------------------|---|--|--|--------------------------------------|--|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. | | | | | | |
| Afni, Inc. 1310 Martin Luther King Dr. P.O. Box 3517 Bloomington, IL 61702-3517 | | Notice Purposes Direct TV | | | | Notice Only |
| Account No. 0262 | | Unknown | | | | |
| Creditor #: 27 Donald H. Parnell, Jr., M.D. 744 Middle Creek Road Sevierville, TN 37862 | J | Medical Expenses | | | | 275.00 |
| Account No. | | | | | | |
| Revenue Recovery Corp. 7005 Middlebrook Pike P.O. Box 50250 Knoxville, TN 37950 | | Notice Purposes Donald H. Parnell, Jr., M.D. | | | | Notice Only |
| Account No. | | Unknown | | | | |
| Creditor #: 28 East Bay Funding, LLC c/o Resurgent Capital Services P.O. Box 288 Greenville, SC 29603 | J | Notice Purposes Only | | | | 0.00 |
| Account No. 7703 | | Unknown | | | | |
| Creditor #: 29 Education Loan Center P.O. Box 6094 Sioux Falls, SD 57117-6094 | J | Student Loans | | | | 1,149.00 |
| Sheet no. 10 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | Subtotal (Total of this page) |
| | | | | | | 1,424.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|--------------------------------------|------------------------------------|--|--|--------------------------------------|--|
| | | H W J C | | | | |
| Account No. | | | | | | |
| Kenny L. Saffles, Esq. Howard H. Baker Jr. US Courthouse 800 Market Street, #211 Knoxville, TN 37901 | | | Notice Purposes Education Loan Center | | | Notice Only |
| Account No. | | | | | | |
| State of Tennessee Dept. of Financial Responsibility P.O. Box 945 Nashville, TN 37202-0945 | | | Notice Purposes Education Loan Center | | | Notice Only |
| Account No. | | | | | | |
| TN Dept of Finc. Respon. c/o Tennessee Attorney Generals Office Bankruptcy Division P.O. Box 20207 Nashville, TN 37202-0207 | | | Notice Purposes Education Loan Center | | | Notice Only |
| Account No. | | | | | | |
| TSAC 404 James Robertson Pkwy 1950 Parkway Towers Nashville, TN 37219 | | | Notice Purposes Education Loan Center | | | Notice Only |
| Account No. | | | | | | |
| US Dept. of Education P.O. Box 5609 Greenville, TX 75403-5609 | | | Notice Purposes Education Loan Center | | | Notice Only |
| Sheet no. <u>11</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | Subtotal (Total of this page) 0.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B O R R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|--------------------------------------|------------------------------------|--|--|--------------------------------------|----------------------------------|
| | | H W J C | | | | |
| Account No. | | | | | | |
| William McCormick Office of the Attorney General Bankruptcy Unit 426 5th Avenue, 2nd Floor Nashville, TN 37243-0489 | | | Notice Purposes Education Loan Center | | | Notice Only |
| Account No. 0883 | | | 2006 | | | |
| Creditor #: 30 First National Credit Card P.O. Box 5097 Sioux Falls, SD 57117-5097 | J | | Credit Card | | | 350.00 |
| Account No. 1157 | | | 2006 | | | |
| Creditor #: 31 Fountain City Finance 5319 Broadway Knoxville, TN 37918 | J | | Signature Loan | | | 2,218.00 |
| Account No. xxx1826 | | | 2014 | | | |
| Creditor #: 32 Frontier Financial Group 631 N. Stephanie Street, #419 Henderson, NV 89014 | J | | Open Account | | | 654.00 |
| Account No. xxxx/xxxx/xxxxxxxx3214 | | | 2005-2015 | | | |
| Creditor #: 33 Ft. Sanders Regional Medical Center Knoxville Business Office Services 1420 Centerpoint Blvd Bldg C Knoxville, TN 37932 | J | | Medical Expenses | | | 4,418.00 |
| Sheet no. <u>12</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | Subtotal (Total of this page) |
| | | | | | | 7,640.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|---------------------------------|------------------------------------|--|--|--------------------------------------|--|
| | | H W J C | | | | |
| Account No. | | | | | | |
| TCCA Credit Bureau Collection Division P.O. Box 1619 Morristown, TN 37816-1619 | | | Notice Purposes Ft. Sanders Regional Medical Center | | | Notice Only |
| Account No. xxxx/xxxx/0777 | | | 2006-2009 Medical Expenses | | | 3,711.00 |
| Creditor #: 34 Ft. Sanders Sevier Medical Center Knoxville Business Office Services Bldg. B, Ste. 401 1410 Centerpoint Blvd. Knoxville, TN 37932 | J | | | | | |
| Account No. | | | Notice Purposes Ft. Sanders Sevier Medical Center | | | Notice Only |
| Ft. Sanders Regional Medical Center Knoxville Business Office Services 1420 Centerpoint Blvd Bldg C Knoxville, TN 37932 | | | | | | |
| Account No. | | | Notice Purposes Ft. Sanders Sevier Medical Center | | | Notice Only |
| Ft. Sanders Sevier Medical Center 742 Middle Creek Road Sevierville, TN 37862 | | | | | | |
| Account No. | | | Notice Purposes Ft. Sanders Sevier Medical Center | | | Notice Only |
| Ft. Sanders Sevier Medical Center PO Box 6639 Sevierville, TN 37864 | | | | | | |
| Sheet no. <u>13</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | Subtotal (Total of this page) 3,711.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B O R R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|--------------------------------------|---|--|--|--------------------------------------|--|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. xxxxxxxxPMA1 Creditor #: 35 Hanger Orthopedic Group Cares Lockbox 62556 Collections Center Drive Chicago, IL 60693-0625 | J | 2012 Medical Expenses | | | | 50.00 |
| Account No. xxxxxxxxxxx/xxxxxxxx/xxxxxx0117 Creditor #: 36 Healthcare Receivables Group P. O. Box 10168 Knoxville, TN 37939-0168 | J | 2014-2015 Medical Expenses | | | | 8,120.00 |
| Account No. xxxxxx/xxxxxxxx/xxx5666 Creditor #: 37 Healthcare Receivables Group P. O. Box 10168 Knoxville, TN 37939-0168 | J | 2013 Medical Expenses | | | | 3,313.00 |
| Account No. xxxxxx/xxxxxx/xxxxxxxx3525 Creditor #: 38 Healthstar Physicians 420 W. Morris Blvd., Ste. 400A Morristown, TN 37814 | J | 2013 Medical Expenses | | | | 232.00 |
| Account No. CBET Inc P.O. Box 1619 Morristown, TN 37816 | | Notice Purposes Healthstar Physicians | | | | Notice Only |
| Sheet no. 14 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | Subtotal (Total of this page) 11,715.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B O R R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|--------------------------------------|---|--|--|--------------------------------------|--|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. xxxxxxxxxx0133 Creditor #: 39 Innovative Pathology Services, PLLC. P.O. Box 30309 Charleston, SC 29417-0309 | J | 2013 Medical Expenses | | | | 249.00 |
| Account No. 2021 Creditor #: 40 ITT Technology 10500 Technology Drive Knoxville, TN 37995 | J | 2001 Student Loans | | | | 41,447.00 |
| Account No. California Student Aid Commission Accounts Receivable P.O. Box 419041 Rancho Cordova, CA 95741-9041 | | Notice Purposes ITT Technology | | | | Notice Only |
| Account No. Citibank Student Loan P.O. Box 6191 Sioux Falls, SD 57117-6191 | | Notice Purposes ITT Technology | | | | Notice Only |
| Account No. State of Tennessee Dept. of Financial Responsibility P.O. Box 945 Nashville, TN 37202-0945 | | Notice Purposes ITT Technology | | | | Notice Only |
| Sheet no. 15 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | Subtotal (Total of this page) 41,696.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|--------------------------------------|--|--|--|--------------------------------------|----------------------------------|
| | | H W J C | | | | |
| Account No. | | | | | | |
| TN Dept of Finc. Respon. c/o Tennessee Attorney Generals Office Bankruptcy Division P.O. Box 20207 Nashville, TN 37202-0207 | | Notice Purposes ITT Technology | | | | Notice Only |
| Account No. | | | | | | |
| TSAC 404 James Robertson Pkwy 1950 Parkway Towers Nashville, TN 37219 | | Notice Purposes ITT Technology | | | | Notice Only |
| Account No. | | | | | | |
| William McCormick Office of the Attorney General Bankruptcy Unit 426 5th Avenue, 2nd Floor Nashville, TN 37243-0489 | | Notice Purposes ITT Technology | | | | Notice Only |
| Account No. | | | | | | |
| Creditor #: 41 JC Penney/SYNCB P.O. Box 960090 Orlando, FL 32896-0090 | J | Unknown Credit Card | | | | 1.00 |
| Account No. | | | | | | |
| Recovery Management Systems Corp. 25 SE 2nd Avenue, #1120 Miami, FL 33131 | | Notice Purposes JC Penney/SYNCB | | | | Notice Only |
| Sheet no. <u>16</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | Subtotal (Total of this page) |
| | | | | | | 1.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|---------------------------------|---|--|--|--------------------------------------|--|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. Creditor #: 42 Kim's Super Pawn 116 E. Main Street Sevierville, TN 37862 | J | 2006 Signature Loan | | | | 230.00 |
| Account No. 7024 Creditor #: 43 Knoxville Orthopedic Clinic P.O. Box 24130 Knoxville, TN 37933 | J | 2009 Medical Expenses | | | | 400.00 |
| Account No. Knoxville Orthopedic Clinic 260 Ft. Sanders West Blvd. Knoxville, TN 37922 | | Notice Purposes Knoxville Orthopedic Clinic | | | | Notice Only |
| Account No. xxxx7677 Creditor #: 44 Laboratory Corporation of America PO Box 2240 Burlington, NC 27216-2240 | J | 2013 Medical Expenses | | | | 23.00 |
| Account No. 7003 Creditor #: 45 LBC P.O. Box 27 Luttrell, TN 37779 | J | 2005 Open Account | | | | 40.00 |
| Sheet no. <u>17</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | Subtotal (Total of this page) 693.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B O R R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|--------------------------------------|---|--|--|--------------------------------------|--|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. xxxxxxxxxxx/xxxxxxxx2101 Creditor #: 46 LeConte Medical Center Knoxville Business Office 1420 Centerpoint Blvd., Bldg. C, Knoxville, TN 37932 | J | 2009-2014 Medical Expenses (#S0923802619, #S1019302318, #S1025600664, #S1029801174, #S1032800782, #S1103000613, #S1109200238, #S1122003407, #S1128000749, #S1128200021, #838118, #847523, #847522, #S1323700463, #S1306301222) | | | | 82,856.00 |
| Account No. Account Resolution Team, Inc. P.O. Box 1503 Morristown, TN 37816-1503 | | Notice Purposes LeConte Medical Center | | | | Notice Only |
| Account No. CBET Inc P.O. Box 1619 Morristown, TN 37816 | | Notice Purposes LeConte Medical Center | | | | Notice Only |
| Account No. Healthcare Receivables Group P. O. Box 10168 Knoxville, TN 37939-0168 | | Notice Purposes LeConte Medical Center | | | | Notice Only |
| Account No. LeConte Medical Center P.O. Box 888542 Knoxville, TN 37995 | | Notice Purposes LeConte Medical Center | | | | Notice Only |
| Sheet no. 18 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | Subtotal (Total of this page) 82,856.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|--------------------------------------|------------------------------------|---|--|--|--------------------------------------|--|
| | | H W J C | | | | | |
| Account No. | | | | | | | |
| LeConte Medical Center 742 Middle Creek Rd. Sevierville, TN 37876 | | | Notice Purposes LeConte Medical Center | | | | Notice Only |
| Account No. | | | | | | | |
| Revenue Recovery Corp. 7005 Middlebrook Pike P.O. Box 50250 Knoxville, TN 37950 | | | Notice Purposes LeConte Medical Center | | | | Notice Only |
| Account No. xxxxxxxxxxxxx4348 | | | 2010 Medical Expenses (#0400prg0093107744) | | | | 930.00 |
| Creditor #: 47 LeConte Medical Center ER Dept. Knoxville Business Office 1420 Centerpoint Blvd., Bldg. C, Knoxville, TN 37932 | J | | | | | | |
| Account No. | | | | | | | |
| Revenue Recovery Corp. 7005 Middlebrook Pike P.O. Box 50250 Knoxville, TN 37950 | | | Notice Purposes LeConte Medical Center ER Dept. | | | | Notice Only |
| Account No. xxxxxx/xx9446 | | | 2013-2014 Medical Expenses | | | | 430.00 |
| Creditor #: 48 Leconte Women's Healthcare 740 Middle Crrek Road, #200 Sevierville, TN 37862-5056 | J | | | | | | |
| Sheet no. <u>19</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal (Total of this page) 1,360.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|--------------------------------------|---|--|--|--------------------------------------|--|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. | | | | | | |
| Transworld Systems, Inc. 507 Prudential Road Horsham, PA 19044 | | Notice Purposes Leconte Women's Healthcare | | | | Notice Only |
| Account No. | | Unknown | | | | |
| Creditor #: 49 Lincare, Inc. P.O. Box 770 Locust Grove, GA 30248-0770 | J | Medical Expenses | | | | 1.00 |
| Account No. | | 2014 | | | | |
| Creditor #: 50 Loans Pay Cash Central 84 E. 2400 North Logan, UT 84341 | J | Cash Advance | | | | 200.00 |
| Account No. 2509 | | 2014 | | | | |
| Creditor #: 51 MCOT, Inc. 2004 American Way, Ste. 101 Kingsport, TN 37660 | J | Medical Expenses | | | | 45.00 |
| Account No. 1829 | | 2005 | | | | |
| Creditor #: 52 Merrick Bank Customer Service P.O. Box 9201 Old Bethpage, NY 11804-9001 | J | Credit Card | | | | 781.00 |
| Sheet no. 20 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | Subtotal (Total of this page) |
| | | | | | | 1,027.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B O R | H W J C | Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|---------------------------------|------------------|---|--|--|--------------------------------------|---|
| Account No. Carson Smithfield LLC P.O. Box 9216 Old Bethpage, NY 11804 | | | Notice Purposes Merrick Bank | | | | Notice Only |
| Account No. Phillips & Cohen Assoc. 1002 Justison Street Wilmington, DE 19801 | | | Notice Purposes Merrick Bank | | | | Notice Only |
| Account No. Resurgent Capital Services P.O. Box 10368 Greenville, SC 29603-0368 | | | Notice Purposes Merrick Bank | | | | Notice Only |
| Account No. Weinstein, Pinson & Riley, P.S. 2001 Western Ave., Ste. 400 P.O. Box 3978 Seattle, WA 98121 | | | Notice Purposes Merrick Bank | | | | Notice Only |
| Account No. 3664 Creditor #: 53 Neurosurgery Clinic of Knoxville P.O. Box 52267 Knoxville, TN 37950-2267 | | J | 2012 Medical Expenses | | | | 45.00 |
| Sheet no. 21 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | Subtotal (Total of this page) 45.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E D E B T O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|--|---|--|--|--------------------------------------|---|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. xxxxxxx/xxx4314 Creditor #: 54 Optima Recovery Services, LLC 6215 Kingston Pike, Ste. A P.O. Box 52968 Knoxville, TN 37950-2968 | J | 2013-2014 Open Accounts | | | | 1,643.00 |
| Account No. 3466 Creditor #: 55 Orchard Bank Bankcard Services PO Box 5222 Carol Stream, IL 60197-5222 | J | 2004 Credit Card | | | | 489.00 |
| Account No. e-Cast Settlement Corp. P.O. Box 35480 Newark, NJ 07193-5480 | | Notice Purposes Orchard Bank | | | | Notice Only |
| Account No. 7024 Creditor #: 56 Orthotennessee Orthotics PO Box 23525 Knoxville, TN 37939-1525 | J | 2009 Medical Expenses | | | | 160.00 |
| Account No. 0817 Creditor #: 57 Oxygen & Sleep Associates 611 Kings Daughters Dr. Frankfort, KY 40601 | J | 2005 Medical Expenses | | | | 750.00 |
| Sheet no. 22 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | Subtotal (Total of this page) 3,042.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B O R R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|--------------------------------------|------------------------------------|--|--|--------------------------------------|----------------------------------|
| | | H W J C | | | | |
| Account No. | | | | | | |
| Oxygen & Sleep Associates of Knoxville 2233 E. Main Street Montrose, CO 81401-3831 | | | Notice Purposes Oxygen & Sleep Associates | | | Notice Only |
| Account No. xxxx/xxxxxxxx0525 | | | 2005-2013 | | | |
| Creditor #: 58 Parkwest Medical Center Knoxville Business Office Services Building C 1420 Centerpoint Blvd. Knoxville, TN 37932 | J | | Medical Expenses (#P1227801829) | | | 1,573.00 |
| Account No. | | | | | | |
| CBET Inc P.O. Box 1619 Morristown, TN 37816 | | | Notice Purposes Parkwest Medical Center | | | Notice Only |
| Account No. | | | | | | |
| Healthcare Receivables Group P. O. Box 10168 Knoxville, TN 37939-0168 | | | Notice Purposes Parkwest Medical Center | | | Notice Only |
| Account No. | | | | | | |
| Revenue Recovery Corp. 7005 Middlebrook Pike P.O. Box 50250 Knoxville, TN 37950 | | | Notice Purposes Parkwest Medical Center | | | Notice Only |
| Sheet no. 23 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | Subtotal (Total of this page) |
| | | | | | | 1,573.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B O R R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|--------------------------------------|---|--|--|--------------------------------------|---|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. 2604 Creditor #: 59 Pathology Consultants c/o RRC P.O. Box 50250 Knoxville, TN 37950 | J | 1997 Medical Expenses | | | | 39.00 |
| Account No. xxxx6820 Creditor #: 60 Pathology Labs West P.O. Box 1069 Madison, TN 37116 | J | 2014 Medical Expenses | | | | 170.00 |
| Account No. xxxxxxx/xx7651 Creditor #: 61 Physicians Surgery Center 1819 Clinch Avenue, Ste. 206 Knoxville, TN 37916 | J | 2013 Medical Expenses | | | | 477.00 |
| Account No. 0991 Creditor #: 62 Premier Bankcard P.O. Box 2208 Vacaville, CA 95696 | J | Unknown Credit Card | | | | 245.00 |
| Account No. xx0551 Creditor #: 63 Premier Surgical Associates PLLC P.O. Box 52948 Knoxville, TN 37950-2948 | J | 2014 Medical Expenses | | | | 1,102.00 |
| Sheet no. 24 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | Subtotal (Total of this page) 2,033.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B O R R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|--------------------------------------|---|--|--|--------------------------------------|---|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. 3329 Creditor #: 64 Publishers Clearing House P.O. Box 6344 Harlan, IA 51593 | J | 2005 Open Account | | | | 12.00 |
| Account No. xxxxx/xxxx4202 Creditor #: 65 PulmaCare 2809 W. Andrew Johnson Hwy. Morristown, TN 37814 | J | 2012 Medical Expenses | | | | 354.00 |
| Account No. Accounts Receivable Management, Inc. PO Box 129 Thorofare, NJ 08086-0129 | | Notice Purposes PulmaCare | | | | Notice Only |
| Account No. xxxxx/xxx6516 Creditor #: 66 Reports, Inc. PO Box 10305 Knoxville, TN 37939 | J | 2012-2013 Open Accounts | | | | 189.00 |
| Account No. x7047 Creditor #: 67 Robert C. Griffith, MD 6311 Kingston Pike, Ste. 22E Knoxville, TN 37919 | J | 2014 Medical Expenses | | | | 171.00 |
| Sheet no. 25 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | Subtotal (Total of this page) 726.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|---------------------------------|------------------------------------|---|--|--------------------------------------|--------------------|
| | | H W J C | | | | |
| Account No. | | | | | | |
| Revenue Recovery Corp. 7005 Middlebrook Pike P.O. Box 50250 Knoxville, TN 37950 | | | Notice Purposes Robert C. Griffith, MD | | | Notice Only |
| Account No. 7864 | | | Unknown | | | |
| Creditor #: 68 Salute P.O. Box 790183 Saint Louis, MO 63179-0183 | J | | Credit Card | | | 416.00 |
| Account No. | | | | | | |
| Jefferson Capital Systems, LLC 16 McLeland Dr. Saint Cloud, MN 56303 | | | Notice Purposes Salute | | | Notice Only |
| Account No. xxxxxxxxxx7145 | | | 2013 | | | |
| Creditor #: 69 SE Emergency Physicians P.O. Box 634706 Cincinnati, OH 45263-4706 | J | | Medical Expenses (#226890494006514, #067898424006514, #067898424004510, #06789842400410, #067831774004510) | | | 9,715.00 |
| Account No. | | | | | | |
| Alcoa Billing Center 3429 Regal Dr Alcoa, TN 37701-3265 | | | Notice Purposes SE Emergency Physicians | | | Notice Only |
| Sheet no. 26 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | |
| Subtotal (Total of this page) | | | | | | 10,131.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B O R | Husband, Wife, Joint, or Community | H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|---------------------------------|--|------------------|---|--|--|--------------------------------------|--|
| Account No. | | | | | | | | |
| GC Services Limited Partnership 6330 Gulfton, Ste. 400 Houston, TX 77081 | | Notice Purposes SE Emergency Physicians | | | | | | Notice Only |
| Account No. | | | | | | | | |
| HRRG P.O. Box 5406 Cincinnati, OH 45273-7942 | | Notice Purposes SE Emergency Physicians | | | | | | Notice Only |
| Account No. | | | | | | | | |
| Revenue Recovery Corp. 7005 Middlebrook Pike P.O. Box 50250 Knoxville, TN 37950 | | Notice Purposes SE Emergency Physicians | | | | | | Notice Only |
| Account No. 6841 | | 2009 | | | | | | |
| Creditor #: 70 Sevier Bone & Joint 958 Dolly Parton Parkway Sevierville, TN 37862-3707 | J | Medical Expenses | | | | | | 940.00 |
| Account No. xxxxxxxx/xxx4965 | | 2009-2014 | | | | | | |
| Creditor #: 71 Sevier Co. Ambulance Service 735 Middle Creek Road Sevierville, TN 37862 | J | Medical Expenses | | | | | | 1,390.00 |
| Sheet no. 27 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | | | Subtotal (Total of this page) 2,330.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|---------------------------------|------------------------------------|---|--|--------------------------------------|--------------------|
| | | H W J C | | | | |
| Account No. | | | | | | |
| F.A.S.T. 8300 Kingston Pike PO Box 11567 Knoxville, TN 37919 | | | Notice Purposes Sevier Co. Ambulance Service | | | Notice Only |
| Account No. | | | | | | |
| Sevier County Ambulance Service 718 Middle Creek Road Sevierville, TN 37862 | | | Notice Purposes Sevier Co. Ambulance Service | | | Notice Only |
| Account No. 0262 | | | | | | |
| Creditor #: 72 Sevier Heart Center c/o RRC P.O. Box 50250 Knoxville, TN 37950 | | J | Unknown Medical Expenses | | | 142.00 |
| Account No. xxxxxxxxxx0985 | | | | | | |
| Creditor #: 73 Sevierville Smiles c/o Transworld Systems 507 Prudential Road Horsham, PA 19044 | | J | 2013 Dental Expenses | | | 110.00 |
| Account No. 0262 | | | | | | |
| Creditor #: 74 Steven M. Smith MD 1110 Village Drive Sevierville, TN 37876 | | J | 2005 Medical Expenses | | | 154.00 |
| Sheet no. 28 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | |
| Subtotal (Total of this page) | | | | | | 406.00 |

Case No.

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

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B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|--------------------------------------|---|--|--|--------------------------------------|--------------------|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. | | | | | | |
| Healthcare Receivables Group P. O. Box 10168 Knoxville, TN 37939-0168 | | Notice Purposes Summit Medical Group, PLLC | | | | Notice Only |
| Account No. 3070 | | | | | | |
| Creditor #: 77 The Student Loan Corp. P.O. Box 6615 The Lakes, NV 88901-6615 | J | Unknown Student Loans | | | | 1,921.00 |
| Account No. | | | | | | |
| State of Tennessee Dept. of Financial Responsibility P.O. Box 945 Nashville, TN 37202-0945 | | Notice Purposes The Student Loan Corp. | | | | Notice Only |
| Account No. | | | | | | |
| TN Dept of Finc. Respon. c/o Tennessee Attorney Generals Office Bankruptcy Division P.O. Box 20207 Nashville, TN 37202-0207 | | Notice Purposes The Student Loan Corp. | | | | Notice Only |
| Account No. | | | | | | |
| TSAC 404 James Robertson Pkwy 1950 Parkway Towers Nashville, TN 37219 | | Notice Purposes The Student Loan Corp. | | | | Notice Only |
| Sheet no. 30 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | |
| Subtotal (Total of this page) | | | | | | 1,921.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B O R R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|--------------------------------------|------------------------------------|---|--|--------------------------------------|----------------------------------|
| | | H W J C | | | | |
| Account No. | | | | | | |
| William McCormick Office of the Attorney General Bankruptcy Unit 426 5th Avenue, 2nd Floor Nashville, TN 37243-0489 | | | Notice Purposes The Student Loan Corp. | | | Notice Only |
| Account No. xxxx6690 | | | 2014 | | | |
| Creditor #: 78 TN Dept. of Human Services Citizens Plaza Bldg., 12th Floor 400 Deaderick Street Nashville, TN 37243-1403 | | J | Overpayment of Benfefits | | | 1,075.00 |
| Account No. | | | | | | |
| State of Tennessee Dept. of Financial Responsibility P.O. Box 945 Nashville, TN 37202-0945 | | | Notice Purposes TN Dept. of Human Services | | | Notice Only |
| Account No. | | | | | | |
| TN Dept of Finc. Respon. c/o Tennessee Attorney Generals Office Bankruptcy Division P.O. Box 20207 Nashville, TN 37202-0207 | | | Notice Purposes TN Dept. of Human Services | | | Notice Only |
| Account No. | | | | | | |
| William McCormick Office of the Attorney General Bankruptcy Unit 426 5th Avenue, 2nd Floor Nashville, TN 37243-0489 | | | Notice Purposes TN Dept. of Human Services | | | Notice Only |
| Sheet no. <u>31</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | Subtotal (Total of this page) |
| | | | | | | 1,075.00 |

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|---------------------------------|---|--|--|--------------------------------------|--|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. 4815 Creditor #: 79 TOC Trustees Tower 501 19th Street, #600 Knoxville, TN 37919 | J | Unknown Medical Expenses | | | | 29.00 |
| Account No. Creditor #: 80 U.S. Cellular Attn: Write off Department 517 West Terrance Drive Madison, WI 53718 | J | Unknown Open Account | | | | 360.00 |
| Account No. U.S. Cellular Attn: Write Off Dept. P.O. Box 7835 Madison, WI 53707-7835 | | Notice Purposes U.S. Cellular | | | | Notice Only |
| Account No. xxxx/xxxxxx/xx4336 Creditor #: 81 U.T. Medical Center P.O. Box 51388 Knoxville, TN 37950 | J | 2005-2015 Medical Expenses (#759328, #743291, #8243238, #921558, #0013397990007, #0012811110002, #13397990017, #140270046, #0013397990013) | | | | 27,941.00 |
| Account No. Account Resolution Team, Inc. P.O. Box 1503 Morristown, TN 37816-1503 | | Notice Purposes U.T. Medical Center | | | | Notice Only |
| Sheet no. 32 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | Subtotal (Total of this page) 28,330.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|--------------------------------------|------------------------------------|--|--|--------------------------------------|----------------------------------|
| | | H W J C | | | | |
| Account No. | | | | | | |
| Accounts Research, Inc. P.O. Box 22782 Knoxville, TN 37933 | | | Notice Purposes U.T. Medical Center | | | Notice Only |
| Account No. | | | | | | |
| CBC PO Box 5067 Kingsport, TN 37663 | | | Notice Purposes U.T. Medical Center | | | Notice Only |
| Account No. | | | | | | |
| CBET Inc P.O. Box 1619 Morristown, TN 37816 | | | Notice Purposes U.T. Medical Center | | | Notice Only |
| Account No. | | | | | | |
| Revenue Recovery Corp. 7005 Middlebrook Pike P.O. Box 50250 Knoxville, TN 37950 | | | Notice Purposes U.T. Medical Center | | | Notice Only |
| Account No. | | | | | | |
| Creditor #: 82 University After Hours P.O Box 44200 Nashville, TN 37244-0200 | J | | Unknown Medical Expenses | | | 243.00 |
| Sheet no. 33 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | Subtotal (Total of this page) |
| | | | | | | 243.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E D E B T O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|--|---|--|--|--------------------------------------|--|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. xxxx/xxxxxx/xx1353 Creditor #: 83 University Anesthesiologists P.O. Box 51947 Knoxville, TN 37950 | J | 2005-2013 Medical Expenses | | | | 574.00 |
| Account No. Accounts Research, Inc. P.O. Box 22782 Knoxville, TN 37933 | | Notice Purposes University Anesthesiologists | | | | Notice Only |
| Account No. x0033 Creditor #: 84 University Neurosurgery P.O. Box 888210 Knoxville, TN 37995 | J | 2013 Medical Expenses | | | | 18,083.00 |
| Account No. xxxxx7695 Creditor #: 85 University Radiologists 5401 Kingston Pike, #540 Knoxville, TN 37919 | J | 2015 Medical Expenses | | | | 277.00 |
| Account No. Frost-Arnett Company P.O. Box 198988 Nashville, TN 37219-8988 | | Notice Purposes University Radiologists | | | | Notice Only |
| Sheet no. 34 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | Subtotal (Total of this page) 18,934.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B O R R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|--|--------------------------------------|---|--|--|--------------------------------------|---|
| | | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | | | |
| Account No. x8074 Creditor #: 86 University Urology PC 1928 Alcoa Highway MOB B#222 Knoxville, TN 37920 | J | 2015 Medical Expenses | | | | 210.00 |
| Account No. Creditor #: 87 Urology & Urologic Surgery, PC 1932 Alcoa Hwy. Suite 475, Bldg. C Knoxville, TN 37920 | J | 2005 Medical Expenses | | | | 260.00 |
| Account No. Optima Recovery Services, LLC 6215 Kingston Pike, Ste. A P.O. Box 52968 Knoxville, TN 37950-2968 | | Notice Purposes Urology & Urologic Surgery, PC | | | | Notice Only |
| Account No. xxxxxxxxxxx/xxxxxxxx7223 Creditor #: 88 UT Medical Center ER Dept. 1924 Alcoa Hwy. P.O. Box 9901 Knoxville, TN 37940-0901 | J | 2012-2014 Medical Expenses | | | | 1,903.00 |
| Account No. Revenue Recovery Corp. 7005 Middlebrook Pike P.O. Box 50250 Knoxville, TN 37950 | | Notice Purposes UT Medical Center ER Dept. | | | | Notice Only |
| Sheet no. 35 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | Subtotal (Total of this page) 2,373.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|---------------------------------|------------------------------------|--|--|--------------------------------------|----------------------------------|
| | | H W J C | | | | |
| Account No. | | | | | | |
| UT Medical Center ER Dept. P.O. Box 51388 Knoxville, TN 37950 | | | Notice Purposes UT Medical Center ER Dept. | | | Notice Only |
| Account No. 0001 | | | 2006 | | | |
| Creditor #: 89 Verizon Wireless P.O. Box 660108 Dallas, TX 75266-0108 | J | | Open Account | | | 270.00 |
| Account No. | | | | | | |
| Afni, Inc. 1310 Martin Luther King Dr. P.O. Box 3517 Bloomington, IL 61702-3517 | | | Notice Purposes Verizon Wireless | | | Notice Only |
| Account No. xxxx/xxxx/xxxxxxxx/xxx6750 | | | 2005-2015 | | | |
| Creditor #: 90 Vista Radiology Dept. 888302 Knoxville, TN 37995-8302 | J | | Medical Expenses (#450754851868, #450754821771, #450754741298, #7529287, #7471974, #7611772, #7611773, #1778132, #450757393283) | | | 6,940.00 |
| Account No. | | | | | | |
| CBET Inc P.O. Box 1619 Morristown, TN 37816 | | | Notice Purposes Vista Radiology | | | Notice Only |
| Sheet no. 36 of 37 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | Subtotal (Total of this page) |
| | | | | | | 7,210.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Husband, Wife, Joint, or Community | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM |
|---|--------------------------------------|------------------------------------|--|--|--------------------------------------|---|
| | | H W J C | | | | |
| Account No. | | | | | | |
| Revenue Recovery Corp. 7005 Middlebrook Pike P.O. Box 50250 Knoxville, TN 37950 | | | Notice Purposes Vista Radiology | | | Notice Only |
| Account No. xxxx/8942 | | | Unknown | | | |
| Creditor #: 91 W.S. Badcock Corp. P.O. Box 232 Mulberry, FL 33860 | J | | Open Account | | | 982.00 |
| Account No. | | | 2014 | | | |
| Creditor #: 92 Why Not Lease It 1750 Elm Street, #1200 Manchester, NH 03104 | J | | Open Account | | | 280.00 |
| Account No. xxxxxx2914 | | | 2014 | | | |
| Creditor #: 93 Woman's Day P.O. Box 37871 Boone, IA 50037-0871 | J | | Open Account | | | 12.00 |
| Account No. | | | | | | |
| | | | | | | |
| Sheet no. <u>37</u> of <u>37</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | | | | Subtotal (Total of this page) |
| | | | | | | 1,274.00 |
| | | | | | | Total (Report on Summary of Schedules) |
| | | | | | | 270,872.00 |

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

| Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract | Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. |
|--|--|
| Diamond Resorts Financial Svs. 10600 W. Charleston Blvd. Las Vegas, NV 89135-1014 | Debtor will reject lease on Time Share. |

In re **Michael Sean Mahaffey,
Lori Ann Mahaffey**

Case No. _____

Debtors

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

0

_____ continuation sheets attached to Schedule of Codebtors

Fill in this information to identify your case:

Debtor 1 Michael Sean Mahaffey

Debtor 2 Lori Ann Mahaffey
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF TENNESSEE

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD/ YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

| | | Debtor 1 | Debtor 2 or non-filing spouse |
|--|---------------------------------|---|---|
| 1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. | Employment status | <input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed | <input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed |
| | Occupation | | |
| | Employer's name | <u>Nelson Global Products Inc.</u> | |
| | Employer's address | <u>1560 Williams Drive Stoughton, WI 53589</u> | |
| | How long employed there? | <u>3 Months</u> | |

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|---|-----------------------|-----------------------------------|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. \$ <u>4,249.00</u> | \$ <u>0.00</u> |
| 3. Estimate and list monthly overtime pay. | 3. +\$ <u>0.00</u> | +\$ <u>0.00</u> |
| 4. Calculate gross income. Add line 2 + line 3. | 4. \$ <u>4,249.00</u> | \$ <u>0.00</u> |

Debtor 1 **Michael Sean Mahaffey**
Debtor 2 **Lori Ann Mahaffey**

Case number (if known) _____

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|---|-----------------------------------|
| Copy line 4 here | 4. \$ 4,249.00 | \$ 0.00 |
| 5. List all payroll deductions: | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. \$ 582.00 | \$ 0.00 |
| 5b. Mandatory contributions for retirement plans | 5b. \$ 0.00 | \$ 0.00 |
| 5c. Voluntary contributions for retirement plans | 5c. \$ 0.00 | \$ 0.00 |
| 5d. Required repayments of retirement fund loans | 5d. \$ 0.00 | \$ 0.00 |
| 5e. Insurance | 5e. \$ 331.00 | \$ 0.00 |
| 5f. Domestic support obligations | 5f. \$ 0.00 | \$ 0.00 |
| 5g. Union dues | 5g. \$ 0.00 | \$ 0.00 |
| 5h. Other deductions. Specify: _____ | 5h.+ \$ 0.00 | + \$ 0.00 |
| 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. \$ 913.00 | \$ 0.00 |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. \$ 3,336.00 | \$ 0.00 |
| 8. List all other income regularly received: | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. \$ 0.00 | \$ 0.00 |
| 8b. Interest and dividends | 8b. \$ 0.00 | \$ 0.00 |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. \$ 0.00 | \$ 0.00 |
| 8d. Unemployment compensation | 8d. \$ 0.00 | \$ 0.00 |
| 8e. Social Security | 8e. \$ 0.00 | \$ 0.00 |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____ | 8f. \$ 0.00 | \$ 0.00 |
| 8g. Pension or retirement income | 8g. \$ 0.00 | \$ 0.00 |
| 8h. Other monthly income. Specify: _____ | 8h.+ \$ 0.00 | + \$ 0.00 |
| 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. \$ 0.00 | \$ 0.00 |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ 3,336.00 + \$ 0.00 | = \$ 3,336.00 |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: _____ | | |
| | 11. +\$ | 0.00 |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related Data, if it applies | 12. \$ | 3,336.00 |
| Combined monthly income | | |
| 13. Do you expect an increase or decrease within the year after you file this form? | | |
| <input checked="" type="checkbox"/> No. | | |
| <input type="checkbox"/> Yes. Explain: **Above income for husband includes overtime** | | |

Fill in this information to identify your case:

Debtor 1 Michael Sean Mahaffey

Debtor 2 Lori Ann Mahaffey
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF TENNESSEE

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☐ No. Go to line 2.
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Son

21

☐ No
☒ Yes

Daughter

22

☐ No
☒ Yes

☐ No
☐ Yes
☐ No
☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 616.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Michael Sean Mahaffey**
Debtor 2 **Lori Ann Mahaffey**

Case number (if known) _____

| | | |
|--|----------|------------------------|
| 6. Utilities: | | |
| 6a. Electricity, heat, natural gas | 6a. \$ | 225.00 |
| 6b. Water, sewer, garbage collection | 6b. \$ | 45.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | 250.00 |
| 6d. Other. Specify: _____ | 6d. \$ | 0.00 |
| 7. Food and housekeeping supplies | 7. \$ | 950.00 |
| 8. Childcare and children's education costs | 8. \$ | 0.00 |
| 9. Clothing, laundry, and dry cleaning | 9. \$ | 50.00 |
| 10. Personal care products and services | 10. \$ | 50.00 |
| 11. Medical and dental expenses | 11. \$ | 100.00 |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. \$ | 400.00 |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ | 25.00 |
| 14. Charitable contributions and religious donations | 14. \$ | 0.00 |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a. \$ | 0.00 |
| 15b. Health insurance | 15b. \$ | 0.00 |
| 15c. Vehicle insurance | 15c. \$ | 193.00 |
| 15d. Other insurance. Specify: _____ | 15d. \$ | 0.00 |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____ | | |
| | 16. \$ | 0.00 |
| 17. Installment or lease payments: | | |
| 17a. Car payments for Vehicle 1 | 17a. \$ | 361.00 |
| 17b. Car payments for Vehicle 2 | 17b. \$ | 0.00 |
| 17c. Other. Specify: _____ | 17c. \$ | 0.00 |
| 17d. Other. Specify: _____ | 17d. \$ | 0.00 |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). | | |
| | 18. \$ | 0.00 |
| 19. Other payments you make to support others who do not live with you. | | |
| | \$ | 0.00 |
| Specify: _____ | | |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | | |
| 20a. Mortgages on other property | 20a. \$ | 0.00 |
| 20b. Real estate taxes | 20b. \$ | 0.00 |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ | 0.00 |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ | 0.00 |
| 20e. Homeowner's association or condominium dues | 20e. \$ | 0.00 |
| 21. Other: Specify: Work Lunches | 21. +\$ | 50.00 |
| 22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses. | | 22. \$ 3,315.00 |
| 23. Calculate your monthly net income. | | |
| 23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I. | 23a. \$ | 3,336.00 |
| 23b. Copy your monthly expenses from line 22 above. | 23b. -\$ | 3,315.00 |
| 23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | | 23c. \$ 21.00 |
| 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? | | |
| <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: | | |

United States Bankruptcy Court
Eastern District of TennesseeIn re **Michael Sean Mahaffey**
Lori Ann Mahaffey

Debtor(s)

Case No.

Chapter

7**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **55** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **10/28/2015**Signature **/s/ Michael Sean Mahaffey****Michael Sean Mahaffey**

Debtor

Date **10/28/2015**Signature **/s/ Lori Ann Mahaffey****Lori Ann Mahaffey**

Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF TENNESSEE**

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over

a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

B 201B (Form 201B) (12/09)

United States Bankruptcy Court
Eastern District of Tennessee

| | | | | |
|-------|--|-----------|----------|----------|
| In re | <u>Michael Sean Mahaffey</u> <u>Lori Ann Mahaffey</u> | Debtor(s) | Case No. | |
| | | | Chapter | <u>7</u> |

CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)
UNDER § 342(b) OF THE BANKRUPTCY CODE

Certification of Debtor

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

| | | |
|--|--|---------------------------|
| <u>Michael Sean Mahaffey</u> <u>Lori Ann Mahaffey</u> Printed Name(s) of Debtor(s) | X <u>/s/ Michael Sean Mahaffey</u> Signature of Debtor | <u>10/28/2015</u> Date |
| Case No. (if known) _____ | X <u>/s/ Lori Ann Mahaffey</u> Signature of Joint Debtor (if any) | <u>10/28/2015</u> Date |

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

**United States Bankruptcy Court
Eastern District of Tennessee**

In re **Michael Sean Mahaffey**
Lori Ann Mahaffey

Debtor(s)

Case No.

Chapter

7

VERIFICATION OF CREDITOR MATRIX

The above Debtor(s) hereby verifies under the penalty of perjury under the laws of the United States of America that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: **10/28/2015**

/s/ Michael Sean Mahaffey

Michael Sean Mahaffey

Signature of Debtor

Date: **10/28/2015**

/s/ Lori Ann Mahaffey

Lori Ann Mahaffey

Signature of Debtor

Date: **10/28/2015**

/s/ Richard M. Mayer /s/ John P. Newton

Signature of Attorney

Richard M. Mayer / John P. Newton

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